

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Application Number</td> <td>10/580,425</td> </tr> <tr> <td>Filing Date</td> <td>February 9, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Jan G.H. DU PREEZ</td> </tr> <tr> <td>Art Unit</td> <td>1621</td> </tr> <tr> <td>Examiner Name</td> <td>P. Gonzalez</td> </tr> <tr> <td>Attorney Docket Number</td> <td>638772009500</td> </tr> </table>	Application Number	10/580,425	Filing Date	February 9, 2007	First Named Inventor	Jan G.H. DU PREEZ	Art Unit	1621	Examiner Name	P. Gonzalez	Attorney Docket Number	638772009500
Application Number	10/580,425												
Filing Date	February 9, 2007												
First Named Inventor	Jan G.H. DU PREEZ												
Art Unit	1621												
Examiner Name	P. Gonzalez												
Attorney Docket Number	638772009500												
Total Number of Pages in This Submission	3												

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Statement Under 37 CFR 3.73 (1 page)		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px; text-align: center; font-size: small;">Remarks</td> <td style="height: 70px;"></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer Number 25226)		
Signature	/Eric J. Fechter/		
Printed name	Eric J. Fechter		
Date	August 29, 2008	Reg. No.	60,588